

<b>1. CIR./DIST./DIV. CODE</b> GUX		<b>2. PERSON REPRESENTED</b> Chen, Qui Bao		<b>VOUCHER NUMBER</b>																																					
<b>3. MAG. DKT./DEF. NUMBER</b> 1:08-000012-001		<b>4. DIST. DKT./DEF. NUMBER</b>		<b>5. APPEALS DKT./DEF. NUMBER</b>																																					
<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. Chen		<b>8. PAYMENT CATEGORY</b> Misdemeanor		<b>9. TYPE PERSON REPRESENTED</b> Adult Defendant																																					
				<b>10. REPRESENTATION TYPE</b> (See Instructions) Criminal Case																																					
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section).</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.M -- IMPROPER ENTRY BY ALIEN																																									
<b>REQUEST AND AUTHORIZATION FOR THE SERVICES</b>																																									
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)																																									
Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____ Telephone Number: _____																																									
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)</b>   <b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>14. TYPE OF SERVICE PROVIDER</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">01 <input type="checkbox"/> Investigator</td> <td style="width: 50%;">20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>02 <input type="checkbox"/> Interpreter/Translator</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>23 <input type="checkbox"/> Duplication Services (See Instructions)</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph Examiner</td> <td>24 <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td></td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)</td> <td></td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics Expert</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Other Medical Expert</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> <td></td> </tr> <tr> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> <td></td> </tr> <tr> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> <td></td> </tr> <tr> <td>19 <input type="checkbox"/> Paralegal Services</td> <td></td> </tr> </table>			01 <input type="checkbox"/> Investigator	20 <input type="checkbox"/> Legal Analyst/Consultant	02 <input type="checkbox"/> Interpreter/Translator	21 <input type="checkbox"/> Jury Consultant	03 <input type="checkbox"/> Psychologist	22 <input type="checkbox"/> Mitigation Specialist	04 <input type="checkbox"/> Psychiatrist	23 <input type="checkbox"/> Duplication Services (See Instructions)	05 <input type="checkbox"/> Polygraph Examiner	24 <input type="checkbox"/> Other (specify) _____	06 <input type="checkbox"/> Documents Examiner		07 <input type="checkbox"/> Fingerprint Analyst		08 <input type="checkbox"/> Accountant		09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)		10 <input type="checkbox"/> Chemist/Toxicologist		11 <input type="checkbox"/> Ballistics Expert		13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		14 <input type="checkbox"/> Pathologist/Medical Examiner		15 <input type="checkbox"/> Other Medical Expert		16 <input type="checkbox"/> Voice/Audio Analyst		17 <input type="checkbox"/> Hair/Fiber Expert		18 <input type="checkbox"/> Computer (Hardware/Software/Systems)		19 <input type="checkbox"/> Paralegal Services	
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<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates)		<b>AMOUNT CLAIMED</b>		<b>MATH/TECHNICAL ADJUSTED AMOUNT</b>																																					
a. Compensation																																									
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																									
c. Other Expenses																																									
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>   TIN: _____ Telephone Number: _____ <b>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____</b> <b>CLAIM STATUS</b> <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____																																									
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.  Signature of Attorney: _____ Date: _____																																									
<b>19. TOTAL COMPENSATION</b>		<b>20. TRAVEL EXPENSES</b>		<b>21. OTHER EXPENSES</b>																																					
<b>23.</b> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																																									
<b>24. TOTAL COMPENSATION</b>		<b>25. TRAVEL EXPENSES</b>		<b>26. OTHER EXPENSES</b>																																					
<b>28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																																									